

JUDGE STIPEND FORM



USA Archery
210 USA Cycling Point, Suite 130
Colorado Springs, CO. 80919

To Chairman of Judges:

1. Please **INSERT** the number of days/sessions worked by each judge
2. Have **JUDGES SIGN** their "Name Block" verifying days worked.
3. Sign & return this form to the USAA office immediately following the tournament.

Thank You! **USAA Account Code:**

Name of Event:

Location:

Dates:

NAME:

ADDRESS:

ZIP:

DAYS/SESSIONS WORKED:

SIGNATURE:

Email:

NAME:

ADDRESS:

ZIP:

DAYS/SESSIONS WORKED:

SIGNATURE:

Email:

NAME:

ADDRESS:

ZIP:

DAYS/SESSIONS WORKED:

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DAYS/SESSIONS WORKED:

SIGNATURE:

Email:

NAME:

ADDRESS:

ZIP:

DAYS/SESSIONS WORKED:

SIGNATURE:

Email:

NAME:

ADDRESS:

ZIP:

DAYS/SESSIONS WORKED:

SIGNATURE:

Email:

I HEREBY CERTIFY THAT THESE USAA JUDGES HAVE WORKED THE NUMBER OF DAYS/SESSIONS SPECIFIED AND REQUEST THAT APPROPRIATE STIPEND PAYMENT BE MADE DIRECTLY TO THESE OFFICIALS AT THE ADDRESSES SHOWN.

Chairman of Judges signature:

Date:

APPROVED FOR PAYMENT BY:

DATE:

Return this form to: Sheri Rhodes email: srhodes@usarchery.org or fax: 719-632-4733